

<i>SERFF Tracking Number:</i>	<i>ASWX-G126666262</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Time Insurance Company</i>	<i>State Tracking Number:</i>	<i>46408</i>
<i>Company Tracking Number:</i>	<i>AR01259FI00001</i>		
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.004 Short Term</i>
<i>Product Name:</i>	<i>TRUE Short Term Medical</i>		
<i>Project Name/Number:</i>	<i>TRUE Short Term Medical/AR01259FI00001</i>		

Filing at a Glance

Company: Time Insurance Company

Product Name: TRUE Short Term Medical

SERFF Tr Num: ASWX-G126666262

State: Arkansas

TOI: H16I Individual Health - Major Medical

SERFF Status: Closed-Approved-Closed

State Tr Num: 46408

Sub-TOI: H16I.004 Short Term

Co Tr Num: AR01259FI00001

State Status: Approved-Closed

Filing Type: Rate

Author: SPI
AssurantHealthandEmployeeBenef

Reviewer(s): Rosalind Minor

Disposition Date: 08/10/2010

Date Submitted: 08/05/2010

Disposition Status: Approved-Closed

Implementation Date Requested: 09/01/2010

Implementation Date:

State Filing Description:

General Information

Project Name: TRUE Short Term Medical

Project Number: AR01259FI00001

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 17.4%

Filing Status Changed: 08/10/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/10/2010

Created By: SPI

AssurantHealthandEmployeeBenef

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI AssurantHealthandEmployeeBenef

PPACA: Not PPACA-Related

Filing Description:

This is not a PPACA filing.

See cover letter.

Company and Contact

SERFF Tracking Number:	ASWX-G126666262	State:	Arkansas
Filing Company:	Time Insurance Company	State Tracking Number:	46408
Company Tracking Number:	AR01259FI00001		
TOI:	H16I Individual Health - Major Medical	Sub-TOI:	H16I.004 Short Term
Product Name:	TRUE Short Term Medical		
Project Name/Number:	TRUE Short Term Medical/AR01259FI00001		

Filing Contact Information

Alex Vogel, Actuarial Analyst	Alex.Vogel@assurant.com
501 W. Michigan St.	800-800-1212 [Phone]
Milwaukee, WI 53203	414-299-6168 [FAX]

Filing Company Information

Time Insurance Company	CoCode: 69477	State of Domicile: Wisconsin
501 W. Michigan St.	Group Code: 19	Company Type:
Milwaukee, WI 53203	Group Name:	State ID Number:
(800) 800-1212 ext. [Phone]	FEIN Number: 39-0658730	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Time Insurance Company	\$50.00	08/05/2010	38556514

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/10/2010	08/10/2010

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Disposition

Disposition Date: 08/10/2010

Implementation Date:

Status: Approved-Closed

Comment:

A rate increase is being approved for new business rates only.

If we could be of further assistance, please let us know.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Time Insurance Company	17.400%	17.400%	\$37,794,300	0	\$134,405,045	19.800%	14.100%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Experience Exhibit		No
Supporting Document	Cover Letter		Yes
Rate	Rates		Yes

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Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	9.600%
Effective Date of Last Rate Revision:	10/01/2009
Filing Method of Last Filing:	Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Time Insurance Company	17.400%	17.400%	\$37,794,300	0	\$134,405,045	19.800%	14.100%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
	Rates	135	New		AR_tic_ratesheets.PDF

TIME INSURANCE COMPANY
FORM 135
Proposed Rates for 09/2010
(30 DAY MINIMUM; 180 DAY MAXIMUM)

AR

DAILY RATE					
Deductible					
AGE	\$1,000	\$2,500	\$3,500	\$5,000	\$7,500
0-14	1.25	0.95	0.80	0.68	0.65
15-19	1.55	1.25	1.10	1.03	0.85
20-24	1.50	1.10	0.95	0.88	0.80
25-29	1.38	0.97	0.95	0.78	0.70
30-34	1.41	1.10	1.05	0.81	0.73
35-39	1.78	1.26	1.15	1.08	0.84
40-44	2.11	1.52	1.31	1.18	1.10
45-49	2.51	1.75	1.50	1.43	1.25
50-54	3.36	2.51	2.16	1.98	1.75
55-59	4.42	3.26	2.81	2.59	2.26
60-64	7.08	5.07	4.37	4.10	3.11
Per Child	0.96	0.60	0.60	0.54	0.48

AREA FACTORS		TREND FACTORS	
<u>Zip</u>	<u>Factor</u>	9/1/2010	1.00
		12/1/2010	1.04
All AR	2.03	3/1/2011	1.08
		6/1/2011	1.12
		Each subsequent quarter	*1.04

MODAL FACTORS	
Single Pay	1.00
Monthly Pay	1.28

RATE OF PAYMENT	50%	80%	100%
FACTORS	0	N/A	N/A
	1000	0.800	1.000
	2500	0.800	1.000
	3500	0.800	1.000
	5000	0.800	1.000
	7500	0.800	1.000

Core 6 Month	
Max Benefit	Additional
<u>Amount</u>	<u>Daily Rate</u>
\$2 Million	\$0.00
\$5 Million	\$0.20

AME RIDER - optional	
<u>Deductible</u>	<u>Daily Rate per Person</u>
\$0	N/A
\$1,000	\$0.33
\$2,500	\$0.53
\$3,500	\$0.60
\$5,000	\$0.70
\$7,500	\$0.86

LIFE RIDER - optional	
Daily Rate per Adult per Amount of Coverage	
<u>Age</u>	<u>\$25,000</u>
18-24	\$0.39
25-29	\$0.39
30-34	\$0.41
35-39	\$0.47
40-44	\$0.62
45-49	\$0.85
50-54	\$1.29
55-59	\$1.96
60-64	\$2.64

ADDITIONAL POLICY FEES	
Application Fee	\$25

Other Optional Riders	
Travel	\$100
AR Y132/Y133	\$536
AR Z132/Z133	\$33

RATE CALCULATION INSTRUCTIONS

1st Month

Daily Rate _____

X Area Factor _____

X Trend Factor _____

X Modal Factor _____

X Rate of Payment Factor _____

+ Additional Lifetime Max Daily Rate _____

+ Life Rider Daily Rate _____

+ AME Rider Daily Rate _____

= Subtotal _____

X # of Days of Coverage _____

+ State Mandated Riders _____

= Subtotal (Stop Here for Spouse/Dependents) _____

+ Application Fee (For Primary Only) _____

=Total Amount Due (Primary) _____

Subsequent Months

Daily Rate _____

X Area Factor _____

X Trend Factor _____

X Modal Factor _____

X Rate of Payment Factor _____

+ Additional Lifetime Max Daily Rate _____

+ Life Rider Daily Rate _____

+ AME Rider Daily Rate _____

= Subtotal _____

X # of Days of Coverage _____

=Total Amount Due _____

*Not all factors and fees will apply to all policies, therefore this algorithm represents the maximum that could be charged, actual premiums may be less.

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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item:	Cover Letter	
Comments:		
Cover Letter		
Attachment:		
AR_tic_coverletter.PDF		



ASSURANT
Health

501 West Michigan
P.O. Box 624
Milwaukee, WI 53201-0624
T 800.800.1212

August 5, 2010

www.assurant.com

Rosalind D. Minor
Rate & Form Analyst
Life and Health Division
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201

RE: Revision to new business rates for Major Medical Form 135
NAIC Company No. 00069477
Time Insurance Company

Dear Ms. Minor:

We are proposing revisions to our new business rates for this form, effective September 1, 2010. The recommended rate change is part of our nationwide experience review. Based on that review we are adjusting specific age bands and increasing the area factor for all short term medical products. We are proposing the following changes:

- 1) Increase the 30-34, 35-39, and 40-44 age bands 5% for an overall impact of 1.0%
- 2) Increase dependents 20% for an overall impact of 1.9%
- 3) Increase the area factor 14.1%

The net actuarial effect of these factor changes is 17.4%. Based on a combination of factors, changes for single coverage will vary from 14.1% to 19.8%. This rate change request is based on the experience of all current and prior Short Term Medical forms for the affiliated companies Time Insurance Company and John Alden Life Insurance Company.

A detailed actuarial memorandum is included which describes the pertinent information related to this filing. Rates for in-force policies will not change because policies are non-renewable and are issued for short term durations. Your prompt attention to this filing will be appreciated.

Sincerely,

Alex Vogel
Alex.Vogel@assurant.com
(414) 299-7860

Assurant Health markets products underwritten by Time Insurance Company, Union Security Insurance Company and John Alden Life Insurance Company.